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State of Delaware

21 The Green



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GOVERNMENT RELATIONS

## Department of Insurance

CIRCULAR LETTER NO. 80-5

FROM: DAVID H. ELLIOTT  
INSURANCE COMMISSIONER

TO: ALL CASUALTY INSURERS AUTHORIZED TO TRANSACT  
MOTOR VEHICLE INSURANCE

RE: COVERAGE ADVISORY LETTER: AMENDMENT TO  
DELAWARE INSURANCE REGULATION NUMBER 9  
(AS AMENDED), DELAWARE MOTORISTS  
PROTECTION ACT - NO FAULT

DATE: APRIL 23, 1980

The Insurance Department has become aware of judicial decisions impacting upon 18 Del. C. §3902 and 21 Del. C. §2118, Uninsured Motor Vehicle Insurance and Requirement of Insurance respectively. Delaware Regulation 9 (As Amended 1973), promulgated Form A, a "Required Statement to Policyholders." Although Article 2 of Regulation 9 describes the coverages to be offered, i.e., bodily injury liability and property damage liability; personal injury protection; compensation for damage to property other than motor vehicles; compensation for damage to motor vehicles and protection against uninsured motorists, the Form A is responsive only to BI, PD, PIP and comprehensive coverages. The ability of an insured to respond to uninsured coverage is unavailable under present Form A.

The purpose of the amended Form A is to incorporate the reference to uninsured insurance.

CIRCULAR LETTER NO. 80-5 continued:

In order that possible past deficiencies or omissions with regard to this matter may be addressed, all licensed casualty insurers authorized to transact motor vehicle insurance in the State of Delaware SHALL MAIL TO EACH NAMED INSURED an advisory letter stating, or restating, as the case may be, all the options of coverage available to them, and suggesting that should there be any questions regarding their coverage, to contact their agent or broker.

Insurers which must respond to this Circular Letter shall notify the Insurance Department, in writing, upon completion of the mailing. The mailing may be made by regular mail to the address last of record with the insurer. Insurers shall maintain a roster of insureds to whom the coverage advisory is mailed.

The mailing shall be completed no later than July 30, 1980.

Insurers which may have initiated corrective measures prior to the issuance of this Circular should present their procedures to this Department for review.

DSS:CH

Attachments

## State of Delaware



21 The Green

Dover, Delaware 19901

## Department of Insurance

Before the  
DEPARTMENT OF INSURANCE  
STATE OF DELAWARE

In the Matter of

AMENDMENT TO FORM A,  
DELAWARE INSURANCE REGULATION NO. 9,  
DELAWARE MOTORISTS PROTECTION ACT - NO FAULT

ORDER

WHEREAS, the Insurance Commissioner is charged with the administration of the Insurance Code, §313; and

WHEREAS, insurance companies are required to file forms with the Insurance Department, pursuant to §2712; and

WHEREAS, Section 3902 directs that "no policy...shall be delivered or issued for delivery in this State...unless coverage is provided therein or supplemental thereto for the protection of persons...from owners or operators of uninsured or hit-and-run motor vehicles; and

WHEREAS, Delaware Insurance Regulation No. 9 has been promulgated to provide insurance companies with standards and guidelines for the implementation of the provisions of Section 2118 of Title 21,

NOW, THEREFORE, in accordance with the terms of the Administrative Procedures Act, 29 Del. C. Ch. 64, and Section 6413(b)(5) and (6) in particular, the attached amendments to the Regulation are hereby adopted, to be effective as of June 1, 1980.

Done this 29th day of April, 1980.

Attachments

A handwritten signature in cursive script, reading "David H. Elliott".

DAVID H. ELLIOTT  
Insurance Commissioner

AMENDMENTS TO REGULATION NO. 9

1. Article 10, Section (d) shall read:

"(d) The recommended Form A attached hereto, or similar form, filed and approved by the Commissioner, shall be properly presented to a new policyholder by the insurer, agent, or broker. Any similar forms must be in substantial conformity with the language and contents of the recommended form. Information may be added or deleted to conform with filings in this State. It is not necessary that this form be used for fleet, commercial or garage operations hazard insureds."

2. Form A is amended as reflected by the attached.

DELAWARE MOTORISTS' PROTECTION ACT

FORM A

Required Statement to Policyholders

(NAME OF COMPANY)

(CORPORATE/ADMINISTRATIVE ADDRESS. REGIONAL OFFICE MAY BE INCLUDED)

The owner of a motor vehicle registered in the State of Delaware is required to purchase at least the following minimum insurance coverage and limits of liability under the Delaware Motorists Protection Act:

1. Bodily Injury Liability: (\$10,000 each person; \$20,000 each accident)
2. Property Damage Liability: (\$5,000 each accident)
3. Personal Injury Protection: (\$10,000 each person; \$20,000 each accident)
4. Damage to Property Other Than a Motor Vehicle: (\$5,000)

INSURED	POLICY NUMBER	CO.
<p>EFF: _____ EXP: _____</p>		
A. COVERAGES	B. OPTIONS YOU MUST SELECT LIMITS AND COVERAGE DESIRED	C. SELECTION
1. BODILY INJURY LIABILITY (Compulsory)	<p>I WANT:</p> <p>1. Limits as shown in Column C _____ →</p> <p>2. Minimum Limits <input type="checkbox"/></p>	<p>Bodily Injury Limits</p> <p>Each Person    Each Accident</p> <p>\$   ,000        \$   ,000</p>
2. PROPERTY DAMAGE LIABILITY (Compulsory)	<p>I WANT:</p> <p>1. Limits as Shown in Column C _____ →</p> <p>2. Minimum Limits <input type="checkbox"/></p>	<p>PROPERTY DAMAGE LIMITS</p> <p>\$   ,000</p>
3. PERSONAL INJURY PROTECTION (Compulsory)	<p>I WANT:</p> <p>1. Additional limits as shown in Column C _____ →</p> <p>2. Minimum Limits <input type="checkbox"/></p> <p>3. Full Coverage with no Deductible <input type="checkbox"/></p> <p>4. Deductible Applicable to Named Insured only <input type="checkbox"/></p> <p>5. Deductible Applicable to Named Insured and Members of his household <input type="checkbox"/></p> <p>6. (Motorcycle Risk Only) Restricted Coverage—Excludes off the highway accidents and accidents when no other motor vehicle is involved <input type="checkbox"/></p>	<p>Personal Injury Protection Limit</p> <p>Each Person    Each Accident</p> <p>\$                \$</p> <p>Yes _____ No _____</p> <p>DEDUCTIBLE</p> <p><input type="checkbox"/> \$250    <input type="checkbox"/> \$1,000</p> <p><input type="checkbox"/> \$500</p> <p>MOTORCYCLE DEDUCTIBLE</p> <p><input type="checkbox"/> \$250    <input type="checkbox"/> \$500</p> <p><input type="checkbox"/> \$1,000    <input type="checkbox"/> \$10,000</p>
4. LOSS OF USE COVERAGE	\$ _____ per day, \$ _____ Max. _____	Yes _____ No _____
5. UNINSURED MOTORISTS COVERAGE * (available in limits up to the Bodily Injury Liability Limits or \$300,000/300,000 whichever is less)	<p>I WANT:</p> <p>1. Minimum Limits (\$10,000/20,000) <input type="checkbox"/></p> <p>2. Bodily Injury Liability Policy Limit <input type="checkbox"/></p> <p>3. Other - Specify in Column C <input type="checkbox"/></p> <p>4. To reject this coverage entirely <input type="checkbox"/></p>	<p>LIMITS</p> <p>Each Person    \$</p> <p>Each Accident    \$</p>

\* Uninsured Motorists Coverage is not mandatory, but it is required that the coverage be offered to all policyholders. This coverage is designed to pay damages for injuries that could be received in accidents caused by drivers of uninsured vehicles. This Coverage includes \$5,000 Property Damage Limits subject to a \$250 deductible.

I understand my policy will be issued to reflect the options I have chosen with respect to the coverages shown under Column A above.

Signature of Named Insured \_\_\_\_\_ Date \_\_\_\_\_

Address: \_\_\_\_\_

It is not the intent of this statement to limit or discourage the purchase of increased limits of liability and personal injury protection coverages, or other additional coverages which may be available from